

# Milk Sanitation Honor Roll for 1965-66

Thirty-three communities have been added to the Public Health Service milk sanitation "honor roll" and 35 communities on the previous list have been dropped. This revision covers the period from January 1, 1965, to December 31, 1966, and includes a total of 185 cities and 140 counties.

Communities on the honor roll have complied substantially with the various items of sanitation contained in the milk ordinance recommended by the U.S. Public Health Service. The State milk sanitation authorities concerned report this compliance to the Service. The rating of 90 percent or more, which is necessary for inclusion on the list, is computed from the weighted average of the percentages of compliance. Separate lists are compiled for communities in which all market milk sold is pasteurized, and for those in which both raw milk and pasteurized milk are sold.

The recommended milk ordinance, on which the milk sanitation ratings

*This compilation is from the Milk and Food Branch, Environmental Sanitation Program, Public Health Service. The previous listing, with a summary of rules under which a community is included, was published in Public Health Reports, October 1966, pp. 947-949. The rating method is described in PHS Publication No. 678 (Methods of Making Sanitation Ratings of Milksheds).*

are based, is now in effect through voluntary adoption in 525 counties and 1,443 municipalities. The ordinance also serves as the basis for law or regulations of 39 States.

The ratings do not represent a complete measure of safety, but they do indicate how closely a community's milk supply conforms with the standards for grade A milk as stated in the recommended ordinance. High-grade pasteurized milk

is safer than high-grade raw milk because of the added protection of pasteurization. The second list, therefore, shows the percentage of pasteurized milk sold in a community which also permits the sale of raw milk.

Although semiannual publication of the list is intended to encourage communities operating under the recommended ordinance to attain and maintain a high level of enforcement of its provisions, no comparison is intended with communities operating under other milk ordinances. Some communities might be deserving of inclusion, but they cannot be listed because no arrangements have been made for determination of their ratings by the State milk sanitation authority concerned. In other cases, the ratings which were submitted have lapsed because they are more than 2 years old. Still other communities, some of which may have high-grade milk supplies, have indicated no desire for rating or inclusion on this list.

## Communities awarded milk sanitation ratings of 90 percent or more, January 1965-December 1966

### 100 PERCENT OF MARKET MILK PASTEURIZED

Community	Date of rating	Community	Date of rating	Community	Date of rating
<i>Arizona</i>		<i>Colorado—Continued</i>		<i>Georgia</i>	
Pima County.....	3-10-66	San Juan Basin.....	7-15-65	Albany.....	3-11-66
<i>Colorado</i>		Archuleta County.....		Athens.....	8-19-66
Delta-Montrose Counties.....	3-12-65	Dolores County.....		Atlanta-Fulton County.....	11-23-65
El Paso-El Paso County.....	7-21-66	La Plata County.....		Augusta.....	4-2-65
Mesa County.....	2-18-65	Weld County.....	8-26-66	Bainbridge.....	5-24-66
Pueblo-Pueblo County.....	3-24-65	<i>District of Columbia</i>		Columbus.....	12-3-65
		Washington.....	8-26-65	Dalton-Whitfield County.....	4-13-65
				Douglas.....	6-29-66

## 100 PERCENT OF MARKET MILK PASTEURIZED

Community	Date of rating	Community	Date of rating	Community	Date of rating
Georgia—Continued		North Carolina—Continued		Tennessee—Continued	
Fitzgerald.....	11- 3-66	Brunswick County.....	10- 3-66	Clinton.....	6-29-65
Macon.....	10-14-66	Buncombe County.....	9-28-66	Coffee County.....	12-13-65
Newnan.....	12-14-65	Burke County.....	3-16-66	Covington.....	9-13-66
Quitman.....	1- 7-66	Cabarrus County.....	7-23-65	Crossville.....	10- 1-65
Rome-Floyd County.....	3- 3-66	Caldwell County.....	6- 7-65	Erwin.....	4- 1-65
Savannah.....	12-17-65	Camden County.....	7-14-65	Fayetteville-Lincoln County.....	5-30-66
Statesboro.....	12- 8-65	Carteret County.....	6- 3-65	Franklin County.....	12-14-65
Thomasville.....	1-20-66	Catawba County.....	10-27-66	Grainger County.....	12- 2-65
Valdosta.....	6-28-66	Chowan County.....	7-14-65	Greenville.....	5-18-65
Washington.....	2-11-66	Cleveland County.....	11-19-65	Grundy-Marion Counties.....	6-28-65
Waycross.....	10- 6-66	Craven County.....	12-17-65	Harriman-Roane County.....	10- 6-66
Kentucky		Cumberland County.....	7-22-66	Huntingdon-Carroll County.....	11- 2-66
Ashland-Boyd County.....	9-26-66	Dare County.....	4- 7-65	Jackson-Madison County.....	6- 3-66
Bowling Green-Warren County.....	11-29-65	Davidson County.....	3- 8-66	Jefferson County.....	10-12-65
Boyle County.....	4-12-65	Durham County.....	2-11-66	Johnson City.....	12- 2-65
Brandenburg-Meade County.....	10-21-66	Edgecombe County.....	3-11-66	Knoxville-Knox County.....	4-25-66
Campbellsville-Taylor County.....	2-28-66	Forsyth County.....	8- 9-66	Lebanon.....	6-20-66
Corbin.....	6-23-66	Gaston County.....	5- 6-65	Lewisburg.....	10-28-65
Covington-Kenton County.....	10-10-66	Guilford County.....	9-28-65	Lexington.....	2- 3-65
Glasgow-Barren County.....	11-22-65	Halifax County.....	10-13-66	Livingston.....	12- 6-65
Harlan.....	12-13-65	Harnett County.....	3- 3-66	Loudon.....	9- 6-66
Harrodsburg-Mercer County.....	10- 7-65	Haywood County.....	4-15-66	McMinn County.....	4-19-66
Henderson-Henderson County.....	11-29-65	Hoke County.....	10-22-65	McMinnville-Warren County.....	6-27-66
Hopkinsville-Christian County.....	4-26-65	Iredell County.....	5-26-65	Maury County.....	10-10-66
Lebanon-Marion County.....	11- 1-65	Jackson County.....	10-21-65	Meigs County.....	4-19-66
Lexington-Fayette County.....	11-28-66	Johnston County.....	6-22-65	Memphis-Shelby County.....	5-16-66
Louisville-Jefferson County.....	8- 1-66	Lenoir County.....	10- 8-65	Monroe County.....	4-19-66
Mayfield-Graves County.....	4-12-65	Lincoln County.....	10-27-66	Moore County.....	9-15-66
Maysville-Mason County.....	12-13-65	Macon County.....	10-21-65	Mountain City-Johnson County.....	8-23-66
McCracken County.....	4-13-65	Madison County.....	7-21-66	Murfreesboro.....	5-17-65
Monticello-Wayne County.....	7-12-65	Martin County.....	5- 5-65	Nashville-Davidson County.....	9-13-65
Morehead-Rowan County.....	9-26-66	Mecklenburg County.....	12-14-65	Newport.....	12-28-65
Murray-Calloway County.....	4-26-65	Mitchell County.....	10-20-66	Polk County.....	4-19-66
Newport-Campbell County.....	12- 6-65	Montgomery County.....	8-26-66	Pulaski-Giles County.....	7-15-65
Owensboro-Daviess County.....	10-18-66	Moore County.....	6- 4-65	Rogersville.....	1-25-66
Russellville-Logan County.....	3- 1-65	New Hanover County.....	6-24-66	Sevier County (Sevierville and Gatlin-	9-22-66
Somerset-Pulaski County.....	10- 4-65	Northampton County.....	6- 2-65	burg).....	
Stanton-Powell County.....	7-23-65	Onslow County.....	4-20-66	Springfield.....	1-19-66
Williamsburg.....	6-23-66	Pamlico County.....	4-19-66	Sullivan County (Bristol and Kings-	9-20-65
Mississippi		Pasquotank.....	7-14-65	port).....	
Brookhaven.....	8-10-65	Pender County.....	6-30-65	Waverly.....	12-29-65
Canton.....	4- 7-66	Perquimans County.....	7-14-65	Williamson County.....	3-24-66
Cleveland.....	5-12-66	Pitt County.....	5- 3-65	Texas	
Columbus.....	7-14-66	Richmond County.....	5-20-65	Abilene.....	9-29-66
Greenville.....	5-13-66	Robeson County.....	9- 2-66	Amarillo.....	12-13-65
Greenwood.....	1-25-66	Rockingham County.....	4-18-66	Beaumont.....	5-27-65
Grenada.....	8-16-65	Rocky Mount.....	5-24-66	Burkburnett.....	9- 9-65
Hattiesburg.....	8-17-65	Rowan County.....	8-31-65	College Station.....	3-17-66
Jackson.....	10-18-66	Sampson County.....	9-24-65	Corpus Christi.....	4- 6-65
Kosciusko.....	10-14-65	Scotland County.....	10- 4-66	Dallas.....	2- 9-66
Laurel.....	9-22-66	Stanly County.....	2-17-66	Donna.....	3- 1-66
Lucedale.....	2-17-65	Stokes County.....	6-10-65	Edinburg.....	7-19-65
McComb.....	4-13-65	Swain County.....	10-21-65	El Paso.....	9-14-65
Meadville.....	8-25-65	Transylvania County.....	8-24-65	Falfurrias.....	10-15-65
Meridian.....	11-30-66	Tyrrell County.....	11- 3-66	Gainesville.....	1-21-66
New Albany.....	2-15-66	Union County.....	10-19-65	Galveston.....	6-10-65
Oxford.....	11-24-65	Vance County.....	10-12-65	Gonzales.....	7-30-65
Picayune.....	4-14-66	Wake County.....	2-11-66	Grand Prairie.....	6-23-66
Starkville.....	9- 8-65	Warren County.....	5-19-65	Harlingen.....	10-15-65
Vicksburg.....	11-30-65	Washington County.....	11- 3-66	Houston.....	5- -66
West Point.....	3-14-66	Watauga County.....	7-15-66	Jacksonville.....	3- 2-66
Missouri		Wayne County.....	8-18-66	Kingsville.....	7-12-66
St. Louis.....	6-10-65	Wilkes County.....	12- 9-65	Laredo.....	2-11-66
New Mexico		Wilson County.....	2-25-66	Lubbock.....	5-17-66
Albuquerque.....	10-21-65	Yancey County.....	10-20-66	Lufkin.....	4- 6-66
Artesia.....	11-30-65	Oklahoma		McAllen.....	3- 1-66
Carlsbad.....	11-30-65	Ardmore.....	6-18-65	Midland.....	2- 1-66
Clovis.....	11- 4-65	Elk City.....	3-30-66	Nacogdoches.....	4-14-66
San Juan County.....	1-19-66	Enid.....	5- 4-66	New Braunfels.....	10-15-65
North Carolina		Lawton.....	11-29-65	Paris.....	7-14-65
Alexander County.....	10-27-66	Mangum.....	10-26-65	Plainview.....	7-23-65
Alleghany County.....	7-15-66	Muskogee.....	11-12-65	Port Arthur.....	8- 4-66
Anson County.....	9-16-66	Oklahoma City.....	6- 1-66	San Angelo.....	9- 1-65
Ashe County.....	7-15-66	Ponca City.....	9-29-65	San Antonio.....	1- 8-65
Avery County.....	7-19-66	Stillwater.....	2-23-66	San Benito.....	10-15-65
Beaufort County.....	5-20-66	Tulsa.....	10-19-66	Texarkana.....	10-14-66
Bertie County.....	5- 5-65	Tennessee		Tyler.....	1-27-65
Bladen County.....	10-19-65	Blount County.....	1-24-66	Victoria.....	8-19-65
Kentucky		Bradley County.....	4-19-66	Wichita Falls.....	9-16-66
Ashland-Boyd County.....	9-26-66	Chatanooga-Hamilton County.....	4-18-66	Utah	
Bowling Green-Warren County.....	11-29-65	Clarksville-Montgomery County.....	2- 2-66	Logan.....	8-12-65
Boyle County.....	4-12-65	Tennessee		Ogden.....	8-31-65
Brandenburg-Meade County.....	10-21-66	Blount County.....	1-24-66	Salt Lake City.....	8-19-66
Campbellsville-Taylor County.....	2-28-66	Bradley County.....	4-19-66		
Corbin.....	6-23-66	Chatanooga-Hamilton County.....	4-18-66		
Covington-Kenton County.....	10-10-66	Clarksville-Montgomery County.....	2- 2-66		
Glasgow-Barren County.....	11-22-65				
Harlan.....	12-13-65				
Harrodsburg-Mercer County.....	10- 7-65				
Henderson-Henderson County.....	11-29-65				
Hopkinsville-Christian County.....	4-26-65				
Lebanon-Marion County.....	11- 1-65				
Lexington-Fayette County.....	11-28-66				
Louisville-Jefferson County.....	8- 1-66				
Mayfield-Graves County.....	4-12-65				
Maysville-Mason County.....	12-13-65				
McCracken County.....	4-13-65				
Monticello-Wayne County.....	7-12-65				
Morehead-Rowan County.....	9-26-66				
Murray-Calloway County.....	4-26-65				
Newport-Campbell County.....	12- 6-65				
Owensboro-Daviess County.....	10-18-66				
Russellville-Logan County.....	3- 1-65				
Somerset-Pulaski County.....	10- 4-65				
Stanton-Powell County.....	7-23-65				
Williamsburg.....	6-23-66				
Mississippi					
Brookhaven.....	8-10-65				
Canton.....	4- 7-66				
Cleveland.....	5-12-66				
Columbus.....	7-14-66				
Greenville.....	5-13-66				
Greenwood.....	1-25-66				
Grenada.....	8-16-65				
Hattiesburg.....	8-17-65				
Jackson.....	10-18-66				
Kosciusko.....	10-14-65				
Laurel.....	9-22-66				
Lucedale.....	2-17-65				
McComb.....	4-13-65				
Meadville.....	8-25-65				
Meridian.....	11-30-66				
New Albany.....	2-15-66				
Oxford.....	11-24-65				
Picayune.....	4-14-66				
Starkville.....	9- 8-65				
Vicksburg.....	11-30-65				
West Point.....	3-14-66				
Missouri					
St. Louis.....	6-10-65				
New Mexico					
Albuquerque.....	10-21-65				
Artesia.....	11-30-65				
Carlsbad.....	11-30-65				
Clovis.....	11- 4-65				
San Juan County.....	1-19-66				
North Carolina					
Alexander County.....	10-27-66				
Alleghany County.....	7-15-66				
Anson County.....	9-16-66				
Ashe County.....	7-15-66				
Avery County.....	7-19-66				
Beaufort County.....	5-20-66				
Bertie County.....	5- 5-65				
Bladen County.....	10-19-65				
Kentucky					
Ashland-Boyd County.....	9-26-66				
Bowling Green-Warren County.....	11-29-65				
Boyle County.....	4-12-65				
Brandenburg-Meade County.....	10-21-66				
Campbellsville-Taylor County.....	2-28-66				
Corbin.....	6-23-66				
Covington-Kenton County.....	10-10-66				
Glasgow-Barren County.....	11-22-65				
Harlan.....	12-13-65				
Harrodsburg-Mercer County.....	10- 7-65				
Henderson-Henderson County.....	11-29-65				
Hopkinsville-Christian County.....	4-26-65				
Lebanon-Marion County.....	11- 1-65				
Lexington-Fayette County.....	11-28-66				
Louisville-Jefferson County.....	8- 1-66				
Mayfield-Graves County.....	4-12-65				
Maysville-Mason County.....	12-13-65				
McCracken County.....	4-13-65				
Monticello-Wayne County.....	7-12-65				
Morehead-Rowan County.....	9-26-66				
Murray-Calloway County.....	4-26-65				
Newport-Campbell County.....	12- 6-65				
Owensboro-Daviess County.....	10-18-66				
Russellville-Logan County.....	3- 1-65				
Somerset-Pulaski County.....	10- 4-65				
Stanton-Powell County.....	7-23-65				
Williamsburg.....	6-23-66				
Mississippi					
Brookhaven.....	8-10-65				
Canton.....	4- 7-66				
Cleveland.....	5-12-66				
Columbus.....	7-14-66				
Greenville.....	5-13-66				
Greenwood.....	1-25-66				
Grenada.....	8-16-65				
Hattiesburg.....	8-17-65				
Jackson.....	10-18-66				
Kosciusko.....	10-14-65				
Laurel.....	9-22-66				
Lucedale.....	2-17-65				
McComb.....	4-13-65				
Meadville.....	8-25-65				
Meridian.....	11-30-66				
New Albany.....	2-15-66				
Oxford.....	11-24-65				
Picayune.....	4-14-66				
Starkville.....	9- 8-65				
Vicksburg.....	11-30-65				
West Point.....	3-14-66				
Missouri					
St. Louis.....	6-10-65				
New Mexico					
Albuquerque.....	10-21-65				
Artesia.....	11-30-65				
Carlsbad.....	11-30-65				
Clovis.....	11- 4-65				
San Juan County.....	1-19-66				
North Carolina					
Alexander County.....	10-27-66				
Alleghany County.....	7-15-66				
Anson County.....	9-16-66				
Ashe County.....	7-15-66				
Avery County.....	7-19-66				
Beaufort County.....	5-20-66				
Bertie County.....	5- 5-65				
Bladen County.....	10-19-65				
Kentucky					
Ashland-Boyd County.....	9-26-66				
Bowling Green-Warren County.....	11-29-65				
Boyle County.....	4-12-65				
Brandenburg-Meade County.....	10-21-66				
Campbellsville-Taylor County.....	2-28-66				
Corbin.....	6-23-66				
Covington-Kenton County.....	10-10-66				
Glasgow-Barren County.....	11-22-65				
Harlan.....	12-13-65				
Harrodsburg-Mercer County.....	10- 7-65				
Henderson-Henderson County.....	11-29-65				
Hopkinsville-Christian County.....	4-26-65				
Lebanon-Marion County.....	11- 1-65				
Lexington-Fayette County.....	11-28-66				
Louisville-Jefferson County.....	8- 1-66				
Mayfield-Graves County.....	4-12-65				
Maysville-Mason County.....	12-13-65				
McCracken County.....	4-13-65				
Monticello-Wayne County.....	7-12-65				
Morehead-Rowan County.....	9-26-66				
Murray-Calloway County.....	4-26-65				
Newport-Campbell County.....	12- 6-65				
Owensboro-Daviess County.....	10-18-66				
Russellville-Logan County.....	3- 1-65				
Somerset-Pulaski County.....	10- 4-65				
Stanton-Powell County.....	7-23-65				
Williamsburg.....	6-23-66				
Mississippi					
Brookhaven.....	8-10-65				
Canton.....	4- 7-66				
Cleveland.....	5-12-66				
Columbus.....	7-14-66				
Greenville.....	5-13-66				
Greenwood.....	1-25-66				
Grenada.....	8-16-65				
Hattiesburg.....	8-17-65				
Jackson.....	10-18-66				
Kosciusko.....	10-14-65				
Laurel.....	9-22-66				
Lucedale.....	2-17-65				
McComb.....	4-13-65				

## Communities awarded milk sanitation ratings of 90 percent or more, January 1965–December 1966—Continued

### 100 PERCENT OF MARKET MILK PASTEURIZED

Community	Date of rating	Community	Date of rating	Community	Date of rating
<i>Virginia</i>		<i>Wisconsin</i>		<i>Wisconsin—Continued</i>	
Lynchburg.....	4-27-65	Appleton.....	8-24-66	Kenosha.....	3-17-65
Norfolk.....	5-18-66	Beaver Dam.....	9-28-66	La Crosse.....	3-17-66
Richmond.....	3-31-66	Beloit.....	6-10-65	Madison.....	6-30-66
Roanoke.....	5-25-66	Eau Claire.....	8-20-65	Racine.....	8-28-66
		Fond du Lac.....	10-13-66	Ripon.....	9-28-66
		Green Bay.....	9-24-65	Sheboygan.....	4-1-65
<i>Washington</i>		Janesville.....	5-5-65	Stevens Point.....	8-11-65
Walla Walla.....	8-11-66	Kaukauna.....	11-14-66	Waupun.....	9-28-66
				Wausau.....	11-8-65

### BOTH RAW AND PASTEURIZED MARKET MILK <sup>1</sup>

Community and percent of milk pasteurized	Date of rating	Community and percent of milk pasteurized	Date of rating	Community and percent of milk pasteurized	Date of rating
<i>Kentucky</i>		<i>Oklahoma</i>		<i>Texas</i>	
Madisonville (99.9).....	11-30-65	Norman (98.4).....	6-24-66	Fort Worth (99.98).....	3-9-65
				Marshall (98.9).....	3-12-65
				Waco (99.97).....	3-31-66
<i>New Mexico</i>		<i>Oregon</i>		<i>Washington</i>	
Roswell (99.2).....	11-30-65	Portland (99.9).....	4-23-65	Seattle-King County (99.1).....	5-16-65

<sup>1</sup> Figures in parentheses show the percentage of the milk pasteurized.

NOTE: In these communities the pasteurized market milk shows a 90 percent or more compliance with the grade A pasteurized milk requirements, and the raw market milk shows a 90 percent or more compliance with the grade A raw milk requirements, of the milk ordinance recommended by the U.S. Public Health Service.

Notice particularly the percentage of the milk pasteurized in the various communities listed. This percentage is an important factor to consider in estimating the safety of a city's milk supply. All milk should be pasteurized, whether commercially or at home, before it is consumed.

## Hospitals To Receive Supplies for Disaster Care

The Public Health Service is placing a 30-day supply of critical medical items for disaster care in hospitals throughout the United States. In addition, the Packaged Disaster Hospitals now stored in 2,600 locations in the nation will be assigned to community hospitals.

This redirection of the Emergency Medical Stockpile program was recommended by the Emergency Health Preparedness Task Force after a year's study. On the task force were representatives of the Bureau of the Budget, Office of Emergency Planning, Office of Civil Defense, Office of Science and Technology, and Department of Health, Education, and Welfare.

This new approach assures an almost automatic rotation of limited shelf-life items. Hospitals will use the items supplied by the Service in daily operations and, at the same time, will continue established rates of procurement. Consequently, hospitals would still have a 30-day inventory at hand should lines of resupply be disrupted during a disaster.

# Speech Sound Programmer

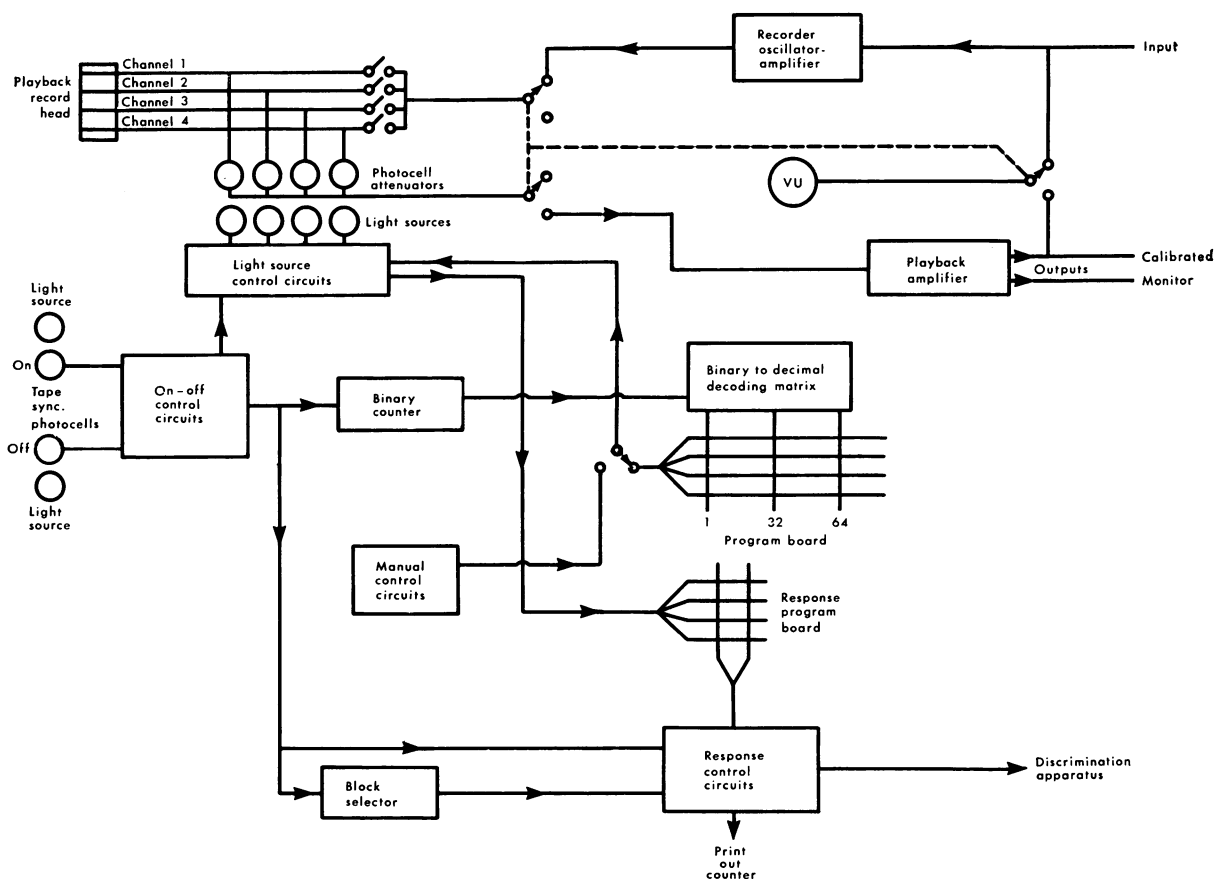


An electronic teaching machine has been developed for discrimination learning and speech sound learning. In the left center position of the front panel is a tape deck with a four-channel magnetic tape head. On the tape deck is a continuously running tape loop. Above the tape deck are four record buttons which record four sounds previously recorded on a tape loop. On the lower right are four buttons which correspond to each of the four sounds for sound playout.

The top part of the panel has 64 channels, each corresponding to one learning trial. The channels are arranged in two rows of 32 channels. Each channel is composed of four vertical plugs and an indicator light. One of four pre-

viously recorded sounds may be played on each of the 64 trials by simply placing a jack in the appropriate plug. Illumination of the indicator light denotes the trial on which the sound is played. On the lower right side of the panel are channels for programing discrimination training.

A discrimination learning program is made by placing a jack in one of the four plugs of each channel. For the two sounds  $s$  and  $v$  the procedure would be (a) record  $s$  and  $v$  on the tape loop, (b) make up a random sequence of  $s$  and  $v$  with whatever restrictions are desired, such as three  $s$  sounds and three  $v$  sounds in a block of six trials, and (c) whenever  $v$  is to be played, place a jack in the first row and whenever  $s$  is to be played, place a jack in the second



Block diagram for automatic speech programmer

row. The programs can be coupled to a speech sound discrimination apparatus. Correct responses are reinforced immediately by electronic relays and the number of correct responses can be recorded automatically in blocks of trials.

This instrument may also be used to teach phonetic responses. It provides the unique feature of having any of four previously recorded responses available immediately to a clinician. The same four-track tape loop is used, but the clinician controls the payout of sounds. The clinician can press one of four buttons playing out one of four previously recorded sounds in any desired sequence. The sequence is determined by the program itself. This is a feature that cannot be handled by the ordinary tape

recorder. However, with this arrangement the clinician can change from one sound to the next as might be appropriate for the individual subject. The reinforcement is administered manually by pressing a button in the lower right panel. Social reinforcers, such as "good" and "OK" may be used.—HARRIS WINITZ, PH.D., *associate professor, department of speech and theater, College of Arts and Sciences, University of Missouri at Kansas City (formerly assistant professor, program in speech pathology and audiology, Western Reserve University)*, and WESLEY HEISEY, *electronic engineer, Western Reserve University, Cleveland, Ohio. This invention was developed under Public Health Service grant No. MH-3987.*

## Conference Calendar

*May 1-5, 1967.* American Industrial Hygiene Association, Chicago.

*May 2-3, 1967.* Association of American Physicians, Atlantic City, N.J.

*May 3-4, 1967.* Fourth Annual National Colloquium on Information Retrieval, Philadelphia, Adelphia Hotel. Information: Henry B. Sparks, Moore School of Electrical Engineering, University of Pennsylvania, Philadelphia 19104.

*May 5-8, 1967.* American Psychoanalytic Association, Detroit.

*May 6, 1967.* American College of Psychiatrists, Detroit.

*May 6-7, 1967.* Academy of Psychoanalysis, Detroit.

*May 7, 1967.* Academy of Psychodrama and Group Psychotherapy, Detroit.

*May 7, 1967.* American Academy of Child Psychiatry, Detroit.

*May 7, 1967.* Association for the Advancement of Psychotherapy, Detroit.

*May 7-12, 1967.* American Psychiatric Association, Detroit.

*May 8-12, 1967.* National League for Nursing, New York.

*May 21-24, 1967.* American Thoracic Society, Pittsburgh.

*May 21-24, 1967.* National Conference of Tuberculosis Workers, National Tuberculosis Association, American Thoracic Society, Pittsburgh.

*June 1-2, 1967.* Sixth Annual Sanitary and Water Resources Engineering Conference, Nashville, Tenn., Noel Hotel. Information: Dr. Edward L. Thackston, Box 133—Station B, Vanderbilt University, Nashville.

*June 5-6, 1967.* American Rheumatism Association, New York.

*June 11-15, 1967.* Air Pollution Control Association, Cleveland.

*June 18-22, 1967.* American Medical Association, Atlantic City, N.J.

*June 19-25, 1967.* American Association for the Advancement of Science, Logan, Utah.

*July 9-13, 1967.* American Veterinary Medical Association, Dallas, Tex.

*July 23-28, 1967.* Symposium on Circumpolar Health-Related Problems, Fairbanks, Alaska, University of Alaska. Information: Dr. C. E. Albrecht, Jefferson Medical College, Philadelphia.

*August 14-17, 1967.* International Association of Milk, Food, and Environmental Sanitarians, Miami Beach, Fla.

*August 15-18, 1967.* American Dietetic Association, Chicago.

*August 21-24, 1967.* American Hospital Association, Chicago.

*August 27-September 1, 1967.* American Academy of Physical Medicine and Rehabilitation, Miami Beach, Fla.

*August 27-September 1, 1967.* American Congress for Physical Medicine and Rehabilitation, Miami Beach, Fla.

*August 27-September 1, 1967.* American Institute of Biological Sciences, College Station, Tex.

*Announcements for publication should be forwarded to Public Health Reports 6 months in advance of meeting.*

PHR

S  
Y  
N  
O  
P  
S  
E  
S

**JESSEE, R. W. (Virginia State Department of Health): *Family planning services in Virginia. Public Health Reports, Vol. 82, April 1967, pp. 292-296.***

The history of the State of Virginia shows the magnitude and speed of changes in public opinion about family planning. Today, there is a rapidly expanding program of organized family planning services in the State. The program is based on a positive family planning policy of the State health department, through which State-affiliated local health departments make clinic services available to those who are unable to obtain them through other resources. The Virginia League for Planned Parenthood, Inc., assuming a cooperative role, informs the general public of the purpose and availability of these services.

The birth rate in Virginia for calendar year 1965 was 20.1 per 1,000 estimated population, the lowest recorded in the State since the mid-depression year of 1936. The decline in the birth rate is apparently related to the increased emphasis on family planning. An increasing ratio of illegitimate births to all births may reflect a basic fault in the concept of family planning. Further changes in concept and program content seem indicated, including possible liberalization of the current State law which prohibits therapeutic abortion except to save the life of the mother.

**VANDOW, JULES E. (New York City Department of Health), MAGAGNA, JEANNE F., CHILDRESS, JEAN R., and DENSEN, PAUL M.: *Health referral services for Armed Forces rejectees. Demonstration program in New York City. Public Health Reports, Vol. 82, April 1967, pp. 305-322.***

Health referral services for Armed Forces rejectees was a demonstration project in New York City designed to determine how men rejected for military service by the Selective Service System because of medical problems could most effectively be referred to appropriate sources of medical care.

Public health nurse-counselors used both private and public community health resources in making their referrals. Cooperation of the young men with the project staff was voluntary. Social work consultants interpreted the service to the community.

Based in part on the results achieved in the demonstration in New York City and in other localities, the Federal Government has appropriated funds for the implementation of such health referral services throughout the nation. These programs are administered through contracts arranged with State health departments, vocational rehabilitation services, and other agencies. In New York City, the referral service now operates as a regular service program through a subcontract with the New York State Health Department.

**HUNTER, DeWITT T., Jr. (University of Utah Medical Center), and BAKER, CHARLES E.: *Control of staphylococcal carriers in three hospitals. Public Health Reports, Vol. 82, April 1967, pp. 329-333.***

Specimens from more than 2,000 persons, directly or indirectly involved in hospital operation or patient care, were cultured to identify carriers of *Staphylococcus aureus*. Although the mean rate of carriers was 24 percent, the prevalence varied between 6 and 70 percent of the population.

Two hundred twenty-four carriers were subjected to various forms of therapy to ascertain the most economical, efficient, and safest approach to the control of the carrier state, and 60 nontreated carriers

in nonpatient areas were serially followed to determine the rate of spontaneous remission.

Use of a nasal spray containing gramicidin, neomycin, and polymyxin B with hydrocortisone and two vasoconstricting agents temporarily eliminated *S. aureus* from 89 percent of the carrier population, and for extended periods 73 percent yielded specimens negative for this organism. A 27 percent rate of spontaneous eradication of *S. aureus* occurred among controls not exposed to patients.

**CAUFFMAN, JOY G.** (University of Southern California School of Medicine), **ROEMER, MILTON I.**, and **SHULTZ, CARL S.**: *The impact of health insurance coverage on health care of school children.* *Public Health Reports*, Vol. 82, April 1967, pp. 323-328.

The relationship between family health insurance coverage and the likelihood of children receiving professional care following referral from a school health service program has been explored using a sample consisting of 458 fourth grade children with health defects. These children attended 48 Los Angeles city schools where their defects were identified through school health examinations. Data relating to these children were obtained from school health records, interviews with parents, and communications with insurance personnel.

Children from insured families were more likely to receive care for their defects than were children from noninsured families. The probability of receiving care for school-detected defects, however, was not affected by categories of health insurance coverage (type of sponsorship and mode of practice). Children from

families that belonged to group practice plans were more likely to obtain periodic health examinations outside the school setting than were children from families that belonged to solo practice plans. Although more families from high social ranks had health insurance coverage, the beneficial effects of coverage, as measured by the child's receipt of health care for the specific school-detected defect and by the child's receipt of periodic health checkups, were greater among families in low social ranks. Benefits of coverage also were greater for medical than for dental and visual defects.

It is suggested that school personnel direct intensified referral activities toward noninsured families, particularly those in low social ranks. Furthermore, both school and community leaders should encourage these noninsured families to obtain health insurance coverage.

**ELSEA, WILLIAM R.** (Erie County, N.Y., Health Department), **PARTRIDGE, ROBERT A.**, and **NETER, ERWIN**: *Epidemiologic and microbiological study of a Shigella flexneri outbreak.* *Public Health Reports*, Vol. 82, April 1967, pp. 347-352.

The epidemiologic investigation of a *Shigella flexneri* infection among children with ethnically similar names led to the finding of 28 cases, probable cases, and asymptomatic infections in seven related Indian households in Buffalo, N.Y., and on the Cattaraugus Indian Reservation during the summer of 1964. The overall infection rate was 80 percent with all of 14 preschool contacts infected; the in-

fection rate among persons 20 years old or older was 58 percent. The probable chain of transmission from household to household and person to person was demonstrated. Immunological studies supported the bacteriological findings in 9 of 18 patients, made possible the diagnosis of 4 culturally negative persons, and suggested unrelated enteric infections in 2 persons.

**GOTSHALL, ROBERT A.** (Public Health Service Hospital, Seattle), and **SINALY, NICHOLAS P.**: *Comparison of tine and intradermal PPD tests for tuberculosis in hospital patients.* *Public Health Reports*, Vol. 82, April 1967, pp. 365-367.

The intradermal tuberculin skin test with purified protein derivative and the tuberculin tine test were compared to assess the usefulness of the tine test in hospital practice. Two hundred inpatients at the Public Health Service Hospital in Baltimore, Md., were given one test on each forearm.

Reactions coincided in 186 patients (93 percent): both tests were positive in 123 patients (61.5 percent), and both nega-

tive in 63 (31.5 percent). Fourteen patients (7 percent) had a positive reaction from the tine test and a negative reaction from the PPD. Of the 14 about half had no reaction to PPD and the remainder had an induration of less than 5 mm. Using the intradermal test as standard, there were 7 percent false positive and no false negative reactions to the tine test.

PHR

S  
Y  
N  
O  
P  
S  
E  
S

**RASMUSSEN, CAROL A.** (Wheat Flour Institute, Chicago) and **STRONG, DOROTHY H.:** *Bacteria in chilled delicatessen foods. Public Health Reports, Vol. 82, April 1967, pp. 353-359.*

The numbers of selected organisms in 85 samples of chilled delicatessen foods purchased in the Madison, Wis., area were determined. Protein-rich salads were found to contain relatively high numbers of total viable bacteria, enterococci, pseudomonads, and staphylococci. More than one-quarter of the staphylococci colonies tested were coagulase positive. The vegetable salads contained considerable numbers of pseudomonads, enterococci, and total bacteria. The staphylococci count in the vegetable salads was low; only 1.7 percent of the colonies tested were coagulase positive. The gelatin salads and gelatin desserts had low counts for all groups of organisms studied except the enterococci.

The type of retail store appeared to influence the size of bacterial populations in the foods offered for sale. Samples

from large chain stores showed a lower average number of cells for all organisms than samples which came from a local chain outlet or from independent shops.

In the delicatessen foods, the enterococci were consistently present and in greater numbers than the coliforms. Confirmatory steps were used to distinguish *Streptococcus faecalis* and *Escherichia coli* from their respective groups. *S. faecalis* was identified in 27 to 55 percent of the significant dilutions of tubes used to determine the enterococci MPN value. Results of attempts to identify *E. coli* through the use of additional confirmatory media indicated values much lower than the original coliform MPN values.

The study results suggest the need for bacterial standards for chilled, commercially prepared delicatessen foods.

**MARTIN, JOHN E., Jr.** (National Communicable Disease Center, Public Health Service), **BILLINGS, TERRENCE E.**, **HACKNEY, JAMES F.**, and **THAYER, JAMES D.:** *Primary isolation of N. gonorrhoeae with a new commercial medium. Public Health Reports, Vol. 82, April 1967, pp. 361-363.*

A commercial culture medium with a chemically defined enrichment was compared with two media with vancomycin-colistimethate-nystatin antibiotic supplement and one medium with polymyxin B-ristocetin antibiotic supplement for the primary isolation of *Neisseria gonorrhoeae*. The media were tested for effectiveness in detecting gonococci from urethral and vaginal specimens after 16 to 24 hours' incubation.

Among 94 male urethral specimens, there was a reduction of about 86 percent in the number of contaminants in media with the antibiotic supplements. Although more colonies of gonococci were present on the enriched medium, this pro-

duced no significant difference in the number of positive cultures recovered.

Vancomycin-colistimethate-nystatin was added to the enriched culture medium and tested with 102 vaginal specimens. The result was a 76 percent reduction in contaminants and a 172 percent increase in gonococcal colonies, as well as a 78 percent increase in the number of cultures positive for gonococci. Bacterial and yeast contamination were suppressed to the same extent as in media containing polymyxin B and ristocetin, and recovery of gonococci was as good or better than on the previously recommended polymyxin B-ristocetin medium.